

Appendix V

Dear

Adrenaline Auto-Injector (AAI) in Primary Schools

Your child _____ has an adrenaline auto-injector (AAI) in school.

I am writing to inform you of the school's guidelines with regard to AAI's in school:

1. All AAI's will be kept in the classroom.
2. All AAI's and prescribed medication will be named.
3. There will be written evidence of the usage for each individual child.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating your agreement to keep the AAI in the care of the teacher or other staff.

Yours sincerely

Head teacher

Adrenaline Auto-Injector

I agree and accept the above guidelines regarding AAI's in school Please tick

Signed _____ Print _____ Parent/Guardian

Child's name _____ Date _____